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**COMBINED DECLARATION AND POWER OF
ATTORNEY (BY INVENTOR) FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **DEVICE AND METHOD FOR STABILIZING WRIST AND ARMS** the specification of which is attached hereto unless the following box is checked:

☒ was filed on January 25, 2002 in United States Application Number or PCT International Application Number 10/057,313 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States Provisional applications listed below:

60/264,523
(Application Number)

January 26, 2001
(Filing date)

I hereby claim benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application No.)

(Filing Date)

(Status - patented, pending, abandoned)

POWER OF ATTORNEY (BY INVENTOR)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Laura G. Barrow, Esq. - Reg. No. 35, 437

Address all telephone calls to Laura G. Barrow at Ph no. (941) 481-3187

Address all correspondence to: Laura G. Barrow, Esq.
P.O. Box 215
Estero, Florida 33928-0215

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name): Michael Schuman
Inventor's signature: Michael Schuman Date: 4/4/02
Residence: Ft. Myers, Florida Citizenship: USA
Post Office Address: 15180 Briar Ridge Circle, Ft. Myers, Florida, 33912

Full name of joint second inventor (given name, family name): _____
Inventor's signature: _____ Date: _____
Residence: _____ Citizenship: _____
Post Office Address: _____

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